

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

ADDRESS (number and street) ▼

555 Capitol Mall, Suite 1425

☐ Check if different than previously reported. (ACC)

Sacramento

CA

95814

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00556860

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2014

through

M M M / D D D / Y Y Y Y Y Y
09 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kathleen Cogan

Signature of Treasurer

Kathleen Cogan

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
12 02 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 07 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y 09 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		105901.09
(b) Cash on Hand at Beginning of Reporting Period.....	119870.57	
(c) Total Receipts (from Line 19)	212414.74	408487.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	332285.31	514388.57
7. Total Disbursements (from Line 31)	165675.37	241877.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	166609.94	166609.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	75561.19	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	175730.00	225680.00
(ii) Unitemized	0.00	435.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	175730.00	226115.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	36351.00	162186.09
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	212081.00	388301.09
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	333.74	20186.39
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	212414.74	408487.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ►	212414.74	408487.48

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	100581.29	173295.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	100581.29	173295.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	37978.12	37978.12
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	27115.96	30603.94
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	165675.37	241877.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	165675.37	241877.54

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	212081.00	388301.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	212081.00	388301.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	100581.29	173295.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	333.74	20186.39
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	100247.55	153109.09

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 64
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial)
Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties, Inc

Mailing Address 518 Garden Street

City State Zip Code
Santa Barbara CA 93101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2014

Transaction ID : NONA588

Amount of Each Receipt this Period

400.00

In-kind; Staff Time; 9/1 - 9/30

B. Full Name (Last, First, Middle Initial)
Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221321.39

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 11 / 2014

Transaction ID : INCA102

Amount of Each Receipt this Period

30000.00

C. Full Name (Last, First, Middle Initial)
Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221321.39

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 08 / 2014

Transaction ID : INCA154

Amount of Each Receipt this Period

50000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City State Zip Code
 Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221321.39

Date of Receipt

M M / D D / Y Y Y Y
 09 / 18 / 2014

Transaction ID : INCA232

Amount of Each Receipt this Period

65000.00

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City State Zip Code
 Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221321.39

Date of Receipt

M M / D D / Y Y Y Y
 09 / 23 / 2014

Transaction ID : INCA256

Amount of Each Receipt this Period

30330.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

95330.00

175730.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 64

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Advocacy Project Los Angeles County Action Fund

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

43209.00

Date of Receipt

09 / 16 / 2014

Transaction ID : INCA228

Amount of Each Receipt this Period

23189.00

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Advocacy Project Los Angeles County Action Fund

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

43209.00

Date of Receipt

09 / 25 / 2014

Transaction ID : INCA255

Amount of Each Receipt this Period

3162.00

Full Name (Last, First, Middle Initial)

C. Planned Parenthood of Orange and San Bernardino Counties Community Action Fund PAC

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

23652.00

Date of Receipt

09 / 08 / 2014

Transaction ID : INCA226

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

36351.00

36351.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 64
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City State Zip Code
Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221321.39

Date of Receipt

M M / D D / Y Y Y Y
08 04 2014

Transaction ID : INCA101

Amount of Each Receipt this Period

333.74

Refund of Electoral Service Contract Expense

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

333.74

333.74

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Category/
Type

State: District:

09 / 26 / 2014

Category/
Type

State: District:

M M / D D / Y Y Y Y
09 26 2014

Category/
Type

State: District:

23270.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SB21B

Transaction ID : EXPB279

Payment for independent expenditure disseminated in subsequent period

Form/Schedule:

Transaction ID:

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Category/
Type

10110.00

09 / 09 / 2014

Category/
Type

6000.00

Three digital displays are shown, each with a different segment missing. The first display shows '09' with the top-left segment missing. The second display shows '09' with the top-right segment missing. The third display shows '2014' with the top-left segment missing.

Category/
Type

12000.00

28110.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: SB21B
Transaction ID : EXPB277

Payment for independent expenditure disseminated in subsequent period

Form/Schedule: SB21B
Transaction ID: EXPB155

Payment made in current period for independent expenditure disseminated in subsequent period

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Blueprint InteractiveMailing Address 1155 Connecticut Avenue, NW
Suite 601

City Washington State DC Zip Code 20036

Purpose of Disbursement
Online Ads

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2014

Transaction ID : EXPB157

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

B. Lake Research Partners, Inc.

Mailing Address 1726 M Street, NW, Suite 100

City Washington State DC Zip Code 20036

Purpose of Disbursement
Polling; Costs to be reimbursed by Planned Parenthood Action Fund Pacific Southwest

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Transaction ID : EXPB258

Amount of Each Disbursement this Period

682.50

Full Name (Last, First, Middle Initial)

C. Lake Research Partners, Inc.

Mailing Address 1726 M Street, NW, Suite 100

City Washington State DC Zip Code 20036

Purpose of Disbursement
Polling Non Federal Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Transaction ID : EXPB220

Amount of Each Disbursement this Period

9552.50

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16235.00

--

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
.

Form/Schedule: SB21B
Transaction ID : EXPB157

Payment made in current period for independent expenditure disseminated in subsequent period

Form/Schedule:
Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Lake Research Partners, Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	0		2	0	1	4		

Mailing Address 1726 M Street, NW, Suite 100

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement	Category/ Type
005	
Polling; Costs to be reimbursed by Planned Parenthood Action Fund Pacific Southwest	
Candidate Name	

Transaction ID : EXPB260

Amount of Each Disbursement this Period

6	8	2	.	5	0
---	---	---	---	---	---

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Senate		
	President		
State:	District:		

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Action Fund

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	2		2	0	1	4		

Mailing Address 1110 Vermont Avenue, NW, Suite 300

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement	Category/ Type
004	
Mobile Voter Guide Non Federal Expense	
Candidate Name	

Transaction ID : EXPB231

Amount of Each Disbursement this Period

2	3	5	.	0	0
---	---	---	---	---	---

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Senate		
	President		
State:	District:		

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties, Inc

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				0	1		2	0	1	4		

Mailing Address 518 Garden Street

City	State	Zip Code
Santa Barbara	CA	93101

Purpose of Disbursement	Category/ Type
001	
Specific receipt is for an independent expenditure	
Candidate Name	

Transaction ID : EXPB589

Amount of Each Disbursement this Period

-	4	0	0	.	0	0
---	---	---	---	---	---	---

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Senate		
	President		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5	1	7	.	5	0
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

400.00

State: District:

07 / 07 / 2014

003

943.78

State: District:

07 / 07 / 2014

002

State: District:

1543.78

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

07 / 17 / 2014

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

07 / 22 / 2014

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

1210.46

FEC Schedule B (Form 3X) Rev. 02/2003

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 64

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City State Zip Code
Sacramento CA 95814

Purpose of Disbursement
Staff Time, Office Expenses, Travel, and Campaign Consulting for Field
Program Non Federal Expense
Candidate Name

007

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 07 2014

Transaction ID : EXPB97

Amount of Each Disbursement this Period

1875.55

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City State Zip Code
Sacramento CA 95814

Purpose of Disbursement
Campaign Consulting for Electoral Activities Non Federal Expense
Candidate Name

001

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 07 2014

Transaction ID : EXPB95

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City State Zip Code
Sacramento CA 95814

Purpose of Disbursement
Meeting Expense for Electoral Activities Non Federal Expense
Candidate Name

001

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 07 2014

Transaction ID : EXPB96

Amount of Each Disbursement this Period

135.10

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2260.65

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

1096.00

2192.00

09 / 03 / 2014

1962.90

5250.90

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 64

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Office Expenses for Field Program Non Federal Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2014

Transaction ID : EXPB213

Amount of Each Disbursement this Period

113.59

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Consulting & Office Expenses for Field Program Non Federal Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2014

Transaction ID : EXPB218

Amount of Each Disbursement this Period

2001.36

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City Sacramento State CA Zip Code 95814

Purpose of Disbursement
Staff Time for Field Program Non Federal Expense

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2014

Transaction ID : EXPB217

Amount of Each Disbursement this Period

2137.50

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4252.45

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 64

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	1		2	0	1	4		

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB216Purpose of Disbursement
Staff Time for Field Program Non Federal Expense

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1541.82

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

B. Political Data, Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				0	5		2	0	1	4		

Mailing Address P.O. Box 59570

City	State	Zip Code
Norwalk	CA	90652

Transaction ID : EXPB234Purpose of Disbursement
Data File Non Federal Expenses

005

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

3750.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

C. Political Data, Inc.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				0	5		2	0	1	4		

Mailing Address P.O. Box 59570

City	State	Zip Code
Norwalk	CA	90652

Transaction ID : EXPB233Purpose of Disbursement
Data File Non Federal Expenses

005

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

327.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5	6	1	8	.	8	2
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 64

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Political Data, Inc.

Mailing Address P.O. Box 59570

City	State	Zip Code
Norwalk	CA	90652

Purpose of Disbursement
Data File Non Federal Expense

005

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Transaction ID : EXPB219

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

B. Wagaman Strategies

Mailing Address 886 Metal Lane

City	State	Zip Code
West Sacramento	CA	95691

Purpose of Disbursement
Campaign Consulting; 8/1 - 8/31 Non Federal Expense

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2014

Transaction ID : EXPB225

Amount of Each Disbursement this Period

1093.75

Full Name (Last, First, Middle Initial)

C. James Wisley

Mailing Address 1570 Prospect Avenue

City	State	Zip Code
Hermosa Beach	CA	90254

Purpose of Disbursement
Campaign Consulting for Field Program Non Federal Expense

001

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Transaction ID : EXPB221

Amount of Each Disbursement this Period

312.50

SUBTOTAL of Disbursements This Page (optional).....▶

8906.25

TOTAL This Period (last page this line number only).....▶

100581.29

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 64

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Lake Research Partners, Inc.

Mailing Address 1726 M Street, NW, Suite 100

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)	
Candidate Name	Category/Type

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State: District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Transaction ID : EXPB165

Amount of Each Disbursement this Period

8870.00

Full Name (Last, First, Middle Initial)

B. Lake Research Partners, Inc.

Mailing Address 1726 M Street, NW, Suite 100

City	State	Zip Code
Washington	DC	20036

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)	
Candidate Name	Category/Type

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State: District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		10		2014

Transaction ID : EXPB169

Amount of Each Disbursement this Period

8870.00

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C00007311)	
Candidate Name	Category/Type

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State: District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		11		2014

Transaction ID : EXPB188

Amount of Each Disbursement this Period

3.71

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

17743.71

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 64

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	11	/	2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB190

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)	
Candidate Name	

Amount of Each Disbursement this Period

26.92

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial)

B. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB245

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)	
Candidate Name	

Amount of Each Disbursement this Period

458.45

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

Full Name (Last, First, Middle Initial)

C. Planned Parenthood Affiliates of California

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	24	/	2014

Mailing Address 555 Capitol Mall, Suite 510

City	State	Zip Code
Sacramento	CA	95814

Transaction ID : EXPB247

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C00007311)	
Candidate Name	

Amount of Each Disbursement this Period

50.72

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:	

SUBTOTAL of Disbursements This Page (optional)..... ►

536.09

TOTAL This Period (last page this line number only)..... ►

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 64

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Political Data, Inc.

Mailing Address P.O. Box 59570

City	State	Zip Code
Norwalk	CA	90652

Purpose of Disbursement	012 Category/ Type
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)	
Candidate Name	

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2014

Transaction ID : EXPB134

Amount of Each Disbursement this Period

3750.00

Full Name (Last, First, Middle Initial)

B. Political Data, Inc.

Mailing Address P.O. Box 59570

City	State	Zip Code
Norwalk	CA	90652

Purpose of Disbursement	012 Category/ Type
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)	
Candidate Name	

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2014

Transaction ID : EXPB140

Amount of Each Disbursement this Period

327.00

Full Name (Last, First, Middle Initial)

C. Political Data, Inc.

Mailing Address P.O. Box 59570

City	State	Zip Code
Norwalk	CA	90652

Purpose of Disbursement	012 Category/ Type
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C00007311)	
Candidate Name	

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State:	District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2014

Transaction ID : EXPB135

Amount of Each Disbursement this Period

3750.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7827.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 64

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

Full Name (Last, First, Middle Initial)

A. Wagaman Strategies

Mailing Address 886 Metal Lane

City	State	Zip Code
West Sacramento	CA	95691

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C00007311)	
Candidate Name	Category/Type

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State: District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	08	/	2014

Transaction ID : EXPB153

Amount of Each Disbursement this Period

312.50

Full Name (Last, First, Middle Initial)

B. James Wisley

Mailing Address 1570 Prospect Avenue

City	State	Zip Code
Hermosa Beach	CA	90254

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Action Fund of the Pacific Southwest (ID #C00011412)	
Candidate Name	Category/Type

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State: District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	10	/	2014

Transaction ID : EXPB180

Amount of Each Disbursement this Period

541.66

Full Name (Last, First, Middle Initial)

C. James Wisley

Mailing Address 1570 Prospect Avenue

City	State	Zip Code
Hermosa Beach	CA	90254

Purpose of Disbursement	012
Non Monetary Donation to Planned Parenthood Advocates Mar Monte (ID #C00007311)	
Candidate Name	Category/Type

Office Sought:	Disbursement For:
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> President	
State: District:	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	10	/	2014

Transaction ID : EXPB181

Amount of Each Disbursement this Period

125.00

SUBTOTAL of Disbursements This Page (optional)..... ►

979.16

TOTAL This Period (last page this line number only)..... ►

27085.96

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 29 OF 64

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

AMS Communications, Inc.

Nature of Debt (Purpose):
Mailer

Mailing Address 500 Sansome Street, Suite 404

City State

Zip Code

San Francisco

CA

94111

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD282

Amount Incurred This Period

15165.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15165.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lake Research Partners, Inc.

Nature of Debt (Purpose):
Polling; 9/1-9/30

Mailing Address 1726 M Street, NW, Suite 100

City State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD108

Amount Incurred This Period

1533.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

1533.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lake Research Partners, Inc.

Nature of Debt (Purpose):
Polling; 9/1-9/30

Mailing Address 1726 M Street, NW, Suite 100

City

State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD122

Amount Incurred This Period

1533.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

1533.75

1) SUBTOTALS This Period This Page (optional)..... ►

18232.50

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 30 OF 64

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Lake Research Partners, Inc.

Nature of Debt (Purpose):

Polling; Costs to be reimbursed by Planned
Parenthood Action Fund Pacific Southwest

Mailing Address 1726 M Street, NW, Suite 100

City State

Zip Code

Washington

DC

20036

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD257

Amount Incurred This Period

6135.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6135.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Research; 9/1 - 9/30

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD295

Amount Incurred This Period

9396.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

9396.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time and Travel for Research; 9/1-9/30

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD110

Amount Incurred This Period

481.47

Payment This Period

0.00

Outstanding Balance at Close of This Period

481.47

1) **SUBTOTALS** This Period This Page (optional)..... ►

16012.67

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 31 OF 64

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Internet for Field Office; 9/1-9/30

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD111

Amount Incurred This Period

62.68

Payment This Period

0.00

Outstanding Balance at Close of This Period

62.68

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time and Travel for Field Program; 9/1-9/30

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD115

Amount Incurred This Period

3684.35

Payment This Period

0.00

Outstanding Balance at Close of This Period

3684.35

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Field Expenses for Canvassing Activities; 9/1-9/30

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD118

Amount Incurred This Period

899.57

Payment This Period

0.00

Outstanding Balance at Close of This Period

899.57

1) SUBTOTALS This Period This Page (optional)..... ►

4646.60

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 32 OF 64

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Research; 9/1 - 9/30

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD296

Amount Incurred This Period

9396.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

9396.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time and Travel for Research; 9/1-9/30

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD123

Amount Incurred This Period

481.46

Payment This Period

0.00

Outstanding Balance at Close of This Period

481.46

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time and Travel for Field Program; 9/1-9/30

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD124

Amount Incurred This Period

3684.34

Payment This Period

0.00

Outstanding Balance at Close of This Period

3684.34

1) **SUBTOTALS** This Period This Page (optional)..... ►

13562.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 33 OF 64

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Field Expenses for Canvassing Activities; 9/1-9/30

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD125

Amount Incurred This Period

899.57

Payment This Period

0.00

Outstanding Balance at Close of This Period

899.57

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Internet for Field Office; 9/1-9/30

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD127

Amount Incurred This Period

62.69

Payment This Period

0.00

Outstanding Balance at Close of This Period

62.69

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Online Voter Guide

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD262

Amount Incurred This Period

19.80

Payment This Period

0.00

Outstanding Balance at Close of This Period

19.80

1) SUBTOTALS This Period This Page (optional)..... ►

982.06

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 34 OF 64

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Action Fund of the Pacific
Southwest (ID #C90011412)

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD339

Amount Incurred This Period

9877.73

Payment This Period

0.00

Outstanding Balance at Close of This Period

9877.73

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Action Fund of the Pacific
Southwest (ID #C90011412)

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD340

Amount Incurred This Period

9877.73

Payment This Period

0.00

Outstanding Balance at Close of This Period

9877.73

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Action Fund of the Pacific
Southwest (ID #C90011412)

Mailing Address 555 Capitol Mall, Suite 510

City

State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD460

Amount Incurred This Period

769.18

Payment This Period

0.00

Outstanding Balance at Close of This Period

769.18

1) SUBTOTALS This Period This Page (optional)..... ►

20524.64

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 35 OF 64

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Advocates Mar Monte (ID
#C90007311)

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD461

Amount Incurred This Period

214.07

Payment This Period

0.00

Outstanding Balance at Close of This Period

214.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Planned Parenthood Affiliates of California

Nature of Debt (Purpose):

Staff Time

Mailing Address 555 Capitol Mall, Suite 510

City State

Zip Code

Sacramento

CA

95814

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD462

Amount Incurred This Period

355.40

Payment This Period

0.00

Outstanding Balance at Close of This Period

355.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Campaign Consulting for Field Program; 9/1-
9/30

Mailing Address 886 Metal Lane

City

State

Zip Code

West Sacramento

CA

95691

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD117

Amount Incurred This Period

46.88

Payment This Period

0.00

Outstanding Balance at Close of This Period

46.88

1) SUBTOTALS This Period This Page (optional)..... ►

616.35

2) TOTALS This Period (last page this line number only)..... ►

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 36 OF 64

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Campaign Consulting for Field Program; 9/1-9/30

Mailing Address 886 Metal Lane

City State

Zip Code

West Sacramento

CA

95691

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD128

Amount Incurred This Period

46.87

Payment This Period

0.00

Outstanding Balance at Close of This Period

46.87

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Action Fund of the Pacific
Southwest (ID #C90011412)

Mailing Address 886 Metal Lane

City State

Zip Code

West Sacramento

CA

95691

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD333

Amount Incurred This Period

187.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

187.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Non Monetary Donation to Planned
Parenthood Advocates Mar Monte (ID
#C90007311)

Mailing Address 886 Metal Lane

City

State

Zip Code

West Sacramento

CA

95691

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD334

Amount Incurred This Period

62.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

62.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

296.87

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 37 OF 64

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Protecting Choice in California, a project of Planned Parenthood Affiliates of California

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Wagaman Strategies

Nature of Debt (Purpose):

Non Monetary Donation to We Vote Nosotros
Votamos (ID #C00527226)

Mailing Address 886 Metal Lane

City State

Zip Code

West Sacramento

CA

95691

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD405

Amount Incurred This Period

62.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

62.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

James Wisley

Nature of Debt (Purpose):

Campaign Consulting; 9/1-9/30

Mailing Address 1570 Prospect Avenue

City State

Zip Code

Hermosa Beach

CA

90254

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD116

Amount Incurred This Period

312.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

312.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

James Wisley

Nature of Debt (Purpose):

Campaign Consulting; 9/1-9/30

Mailing Address 1570 Prospect Avenue

City

State

Zip Code

Hermosa Beach

CA

90254

Outstanding Balance Beginning This Period

0.00

Transaction ID : PAYD129

Amount Incurred This Period

312.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

312.50

1) **SUBTOTALS** This Period This Page (optional)..... ►

687.50

2) **TOTALS** This Period (last page this line number only)..... ►

75561.19

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

75561.19

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 38 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee AMS Communications, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 12 / 2014</div> </div>		
Mailing Address 500 Sansome Street, Suite 404			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3900.00</div>		
City San Francisco	State CA	Zip Code 94111	Transaction ID : EDTEALC1 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 12 / 2014</div> </div>		
Purpose of Expenditure Door Hangers		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>			
Name of Federal Candidate Julia Brownley			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">70388.48</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Burketts			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 01 / 2014</div> </div>		
Mailing Address 8520 Younger Creek Drive			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">191.65</div>		
City Sacramento	State CA	Zip Code 95828	Transaction ID : PDTE32 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 01 / 2014</div> </div>		
Purpose of Expenditure Office Expenses for Field Program; 8/1 - 8/31		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">24E</div>			
Name of Federal Candidate Julia Brownley			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">70388.48</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">4091.65</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Kathleen Cogan</u>			Date <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 12 / 02 / 2014</div> </div>		
[Electronically Filed]					

Full Name of Payee Lake Research Partners, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 1726 M Street, NW, Suite 100		Amount 4776.25	
City Washington	State DC	Zip Code 20036	Transaction ID : PDTE24 Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Purpose of Expenditure Polling; 9/1-9/30	Category/ Type	24A	
Name of Federal Candidate Jeff Gorell	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House District: 26 State: CA
Calendar Year-To-Date Per Election for Office Sought	70388.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....		9552.50
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures.....		

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 40 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ C C00556860
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Lake Research Partners, Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 1726 M Street, NW, Suite 100		Amount 1533.75	
City Washington	State DC	Zip Code 20036	Transaction ID : UPDTE13
Purpose of Expenditure Polling; 9/1-9/30	Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		70388.48	

Full Name of Payee Lake Research Partners, Inc. [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 1726 M Street, NW, Suite 100		Amount 1533.75	
City Washington	State DC	Zip Code 20036	Transaction ID : UPDTE24
Purpose of Expenditure Polling; 9/1-9/30	Category/ Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		70388.48	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

MM / DD / YYYY
12 / 02 / 2014

Signature

Full Name of Payee Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties, Inc.		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 01 / 2014</div> </div>	
Mailing Address 518 Garden Street		Amount <div> <div></div> <div>200.00</div> </div>	
City Santa Barbara	State CA	Zip Code 93101	Transaction ID : EDTEALC19 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 01 / 2014</div> </div>
Purpose of Expenditure Staff Time; 9/1 - 9/30		Category/ Type <div> <div></div> <div>24A</div> </div>	
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>70388.48</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Planned Parenthood Action Fund of Santa Barbara, Ventura and San Luis Obispo Counties, Inc.		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 01 / 2014</div> </div>	
Mailing Address 518 Garden Street		Amount <div> <div>200.00</div> </div>	
City Santa Barbara	State CA	Zip Code 93101	Transaction ID : EDTEALC20 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 01 / 2014</div> </div>
Purpose of Expenditure Staff Time; 9/1 - 9/30		Category/ Type <div> <div>24E</div> </div>	
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div>70388.48</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	400.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 42 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ C C00556860
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014
Mailing Address 555 Capitol Mall, Suite 510		Amount 6486.06
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Office Expenses for Field Program; 7/1 - 7/31	Category/Type 24E	Transaction ID : PDTE2 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 70388.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014
Mailing Address 555 Capitol Mall, Suite 510		Amount 1532.28
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Staff Time for Field Program; 7/1 - 7/31	Category/Type 24E	Transaction ID : PDTE3 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 70388.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8018.34
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

MM / DD / YYYY
12 / 02 / 2014

Signature

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014	
Mailing Address 555 Capitol Mall, Suite 510		Amount 562.50	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE5 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Purpose of Expenditure Campaign Consulting for Field Program; 7/1 - 7/31		Category/ Type 24E	
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 70388.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	1742.48
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 44 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ C C00556860
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 22 / 2014
Mailing Address 555 Capitol Mall, Suite 510		Amount 411.78
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Staff Time; 7/22 - 7/31. No candidate exceeds \$200	Category/ Type 24E	Transaction ID : PDTE35 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2014
Name of Federal Candidate Multiple candidates	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2014
Mailing Address 555 Capitol Mall, Suite 510		Amount 4043.65
City Sacramento	State CA	Zip Code 95814
Purpose of Expenditure Office Expenses for Field Program;8/1-8/31	Category/ Type 24E	Transaction ID : PDTE6 Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2014
Name of Federal Candidate Julia Brownley	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	70388.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4455.43
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

MM / DD / YYYY
12 / 02 / 2014

Signature

Full Name of Payee Planned Parenthood Affiliates of California		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>08 / 01 / 2014</div> </div>	
Mailing Address 555 Capitol Mall, Suite 510		Amount <div> <div>1819.00</div> </div>	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE8 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>08 / 01 / 2014</div> </div>
Purpose of Expenditure Travel for Field Program; 8/1 - 8/31		Category/ Type <div> <div>24E</div> </div>	
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought <div> <div>70388.48</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	4281.13
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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12 02 2014

FEC Schedule E (Form 3X) Rev. 09/2013

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 46 OF 64
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California			FEC IDENTIFICATION NUMBER ▼ C C00556860	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY				
Full Name of Payee Planned Parenthood Affiliates of California			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510			Amount 10.56	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE34	
Purpose of Expenditure Online Voter Guide; 8/16 - 8/31		Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2014	
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought		70388.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510			Amount 9396.20	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE39	
Purpose of Expenditure Research; 9/1 - 9/30		Category/ Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014	
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought		70388.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			10.56	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature Kathleen Cogan		[Electronically Filed]		Date MM / DD / YYYY 12 / 02 / 2014

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Form/Schedule: SE
Transaction ID : PDTE39

Payment for independent expenditure disseminated in prior period

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 48 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					

Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">481.47</div>		
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE14 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure Staff Time and Travel for Research; 9/1-9/30		Category/ Type 24E			
Name of Federal Candidate Julia Brownley			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA </div> </div>		
Calendar Year-To-Date Per Election for Office Sought 70388.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3684.35</div>		
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE15 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>		
Purpose of Expenditure Staff Time and Travel for Field Program; 9/1-9/30		Category/ Type 24E			
Name of Federal Candidate Julia Brownley			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA </div> </div>		
Calendar Year-To-Date Per Election for Office Sought 70388.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

Signature _____

[Electronically Filed]

Date

12

02

2014

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Form/Schedule: SE
Transaction ID : PDTE14

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE15

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 50 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ C C00556860
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510		Amount 62.68	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE17
Purpose of Expenditure Internet for Field Office; 9/1-9/30		Category/Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		70388.48	

Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510		Amount 899.57	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE20
Purpose of Expenditure Supplies for Field Office; 9/1-9/30		Category/Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		70388.48	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

MM / DD / YYYY
12 / 02 / 2014

Signature

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Form/Schedule: SE
Transaction ID : PDTE17

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE20

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 52 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2014 </div>		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19.80</div>		
City Sacramento State CA Zip Code 95814		Transaction ID : PDTE41 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2014 </div>			
Purpose of Expenditure Online Voter Guide; 9/1 - 9/30		Category/Type <div style="border: 1px solid black; padding: 2px;">24E</div>		Name of Federal Candidate Julia Brownley	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">70388.48</div>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 26 State: CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2014 </div>		
Mailing Address 555 Capitol Mall, Suite 510			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">481.46</div>		
City Sacramento State CA Zip Code 95814		Transaction ID : PDTE25 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2014 </div>			
Purpose of Expenditure Staff Time and Travel for Research; 9/1-9/30		Category/Type <div style="border: 1px solid black; padding: 2px;">24A</div>		Name of Federal Candidate Jeff Gorell	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">70388.48</div>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 26 State: CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Kathleen Cogan</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 12 / 02 / 2014 </div>		

[Electronically Filed]

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Form/Schedule: SE
Transaction ID : PDTE41

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE25

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 54 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY		

Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2014 </div>	
Mailing Address 555 Capitol Mall, Suite 510		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 3684.34 </div>	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE26 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2014 </div>
Purpose of Expenditure Staff Time and Travel for Field Program; 9/1-9/30		Category/Type <div style="border: 1px solid black; padding: 2px;">24A</div>	
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 26 State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 70388.48 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2014 </div>	
Mailing Address 555 Capitol Mall, Suite 510		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 899.57 </div>	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE27 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 01 / 2014 </div>
Purpose of Expenditure Supplies for Field Office; 9/1-9/30		Category/Type <div style="border: 1px solid black; padding: 2px;">24A</div>	
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 26 State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 70388.48 </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

MM / DD / YYYY
 12 / 02 / 2014

Signature

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Form/Schedule: SE
Transaction ID : PDTE26

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE27

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 56 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ C C00556860
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510		Amount 62.69	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE29
Purpose of Expenditure Internet for Field Office; 9/1-9/30		Category/ Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		70388.48	

Full Name of Payee Planned Parenthood Affiliates of California [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 555 Capitol Mall, Suite 510		Amount 9396.20	
City Sacramento	State CA	Zip Code 95814	Transaction ID : PDTE40
Purpose of Expenditure Research; 9/1 - 9/30		Category/ Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		70388.48	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

MM / DD / YYYY
12 / 02 / 2014

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
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Form/Schedule: SE
Transaction ID : PDTE29

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE40

Payment for independent expenditure disseminated in prior period

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 58 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ C C00556860
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Political Data, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address P.O. Box 59570		Amount 2202.00	
City Norwalk	State CA	Zip Code 90652	Transaction ID : PDTE16
Purpose of Expenditure Data for Field Program; 9/1-9/30	Category/ Type	24E	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		70388.48	

Full Name of Payee Political Data, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address P.O. Box 59570		Amount 2202.00	
City Norwalk	State CA	Zip Code 90652	Transaction ID : PDTE28
Purpose of Expenditure Data for Field Program; 9/1-9/30	Category/ Type	24A	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		70388.48	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4404.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

MM / DD / YYYY
12 / 02 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 59 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ C C00556860
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Wagaman Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2014	
Mailing Address 886 Metal Lane		Amount 843.75	
City West Sacramento	State CA	Zip Code 95691	Transaction ID : PDTE33
Purpose of Expenditure Campaign Consulting for Field Program; 8/1 - 8/31		Category/Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 08 / 01 / 2014
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		70388.48	

Full Name of Payee Wagaman Strategies [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 886 Metal Lane		Amount 46.88	
City West Sacramento	State CA	Zip Code 95691	Transaction ID : PDTE18
Purpose of Expenditure Campaign Consulting for Field Program; 9/1-9/30		Category/Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		70388.48	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	843.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

MM / DD / YYYY
12 / 02 / 2014

Signature

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Form/Schedule: SE
Transaction ID : PDTE18

Payment for independent expenditure disseminated in prior period

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 61 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ C C00556860
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Wagaman Strategies [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2014	
Mailing Address 886 Metal Lane		Amount 46.87	
City West Sacramento	State CA	Zip Code 95691	Transaction ID : PDTE30
Purpose of Expenditure Campaign Consulting for Field Program; 9/1-9/30		Category/Type 24A	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2014
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee James Wisley		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2014	
Mailing Address 1570 Prospect Avenue		Amount 145.84	
City Hermosa Beach	State CA	Zip Code 90254	Transaction ID : EDTEALC2
Purpose of Expenditure Campaign Consulting; 8/1 - 8/31		Category/Type 24E	Date of Disbursement or Obligation MM / DD / YYYY 09 / 10 / 2014
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	145.84
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

MM / DD / YYYY
12 / 02 / 2014

Signature

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Form/Schedule: SE
Transaction ID : PDTE30

Payment for independent expenditure disseminated in prior period

Form/Schedule:
Transaction ID:

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 63 OF 64
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Protecting Choice in California, a project of Planned Parenthood Affiliates of California		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00556860 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee James Wisley [MEMO ITEM]		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div>	
Mailing Address 1570 Prospect Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">312.50</div>	
City Hermosa Beach	State CA	Zip Code 90254	Transaction ID : PDTE19 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div>
Purpose of Expenditure Campaign Consulting; 9/1-9/30		Category/ Type 24E	
Name of Federal Candidate Julia Brownley		<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">70388.48</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee James Wisley [MEMO ITEM]		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div>	
Mailing Address 1570 Prospect Avenue		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">312.50</div>	
City Hermosa Beach	State CA	Zip Code 90254	Transaction ID : PDTE31 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 01 / 2014</div> </div>
Purpose of Expenditure Campaign Consulting; 9/1-9/30		Category/ Type 24A	
Name of Federal Candidate Jeff Gorell		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">70388.48</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">37945.68</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Kathleen Cogan

[Electronically Filed]

Date

 MM / DD / YYYY
 12 / 02 / 2014

Signature

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Form/Schedule: SE
Transaction ID : PDTE19

Payment for independent expenditure disseminated in prior period

Form/Schedule: SE
Transaction ID: PDTE31

Payment for independent expenditure disseminated in prior period